



L:WJS

*Psychiatry  
World War II*



DO NOT ADDRESS THE SIGNER OF THIS LETTER  
BUT ADDRESS YOUR REPLY TO  
BUREAU OF MEDICINE AND SURGERY  
NAVY DEPARTMENT, WASHINGTON, D. C.  
AND REFER TO NO.

WASHINGTON, D. C.

19 Oct 1943

MEMORANDUM

Subj: Suggested Comments for Inclusion in Report to COMINCH.

Prior to entry in the present war and the rapid expansion of all naval activities, the Bureau of Medicine and Surgery, in cooperation with the Bureau of Naval Personnel, instituted measures to exclude the mentally ill, emotionally unstable, and the mentally defective, as well as the physically unfit. It was recognized that there could be no place for the mentally ill, and the harrowing conditions of modern naval war precluded including men who were judged to be potential mental casualties.

To accomplish this, additional precautionary measures were necessary. Prophylactic or preventive psychiatry was inaugurated to guarantee the mental and emotional stability of the men who were to man the ships, planes and guns, so that the Navy would be assured that its men would be able to carry on under most trying circumstances. By augmenting the examinations at the recruiting stations and induction centers, and by establishing Aptitude Boards at all training stations, the selection procedure was made as practical and efficient as possible. These boards included highly trained specialists in all branches of medicine. Their duty was the elimination of the mentally and physically maladjusted. The training station is an ideal place for the screening of recruits, because it is there that a trial of duty can be used to insure the conservation of manpower and, at the same time, serve the best interest of the service. The lessons of the last war were not forgotten and, as a consequence, the benefits are reflected by the low rate of mental casualties admitted to naval hospitals.

Along with prevention, early treatment and care for neuropsychiatric casualties is an equal concern of the Medical Department. Competent psychiatrists are assigned to duty on all hospital ships, ambulance ships, mobile and base hospitals, and attached to other units so that they might be as near to the scene of combat as is practicable. It is recognized medical practice that the sooner psychiatric casualties are treated, the more likely they are to recover to the point where they

can be returned to duty. Every effort is made to provide the best psychiatric care in the advanced theatres of operation. To facilitate this service, air transportation for all types of casualties makes the casualties occurring in the most remote combat areas accessible for early treatment. Mobile hospitals and base hospitals are established in areas adjacent to battle zones and are accessible to the ships and fighting personnel of the Navy. These hospitals are equipped with the physical necessities of modern medicine and staffed by medical officers, some of whom are qualified in psychiatry. Trained Hospital Corps personnel, including N.P. technicians, render invaluable aid to the Medical Corps. They are assigned to duty with the combatant troops and their record to date is a glowing tribute to their courage, valor and efficiency.

Special effort is devoted to psychiatric treatment and the rehabilitation of patients has as a goal their restoration to full or limited duty or, at least, a return to their pre-enlistment level. Convalescent hospitals have been organized to further this reconditioning. The psychiatric treatment is conducted on a group plan which, in addition to being expedient, is particularly well suited for the treatment of military personnel. The men who are not returned to duty are often able to resume their useful civilian occupations following their recovery and discharge from the service.

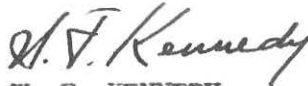
It is gratifying to report that the incidence of psychosis (insanity) has been extremely low. These patients are cared for at U. S. Public Health Service mental institutions in the United States, where under the jurisdiction of naval medical officers they receive appropriate treatment. More than half of the mentally ill recover sufficiently within a period of three to four months to be discharged and to be returned to their homes.

It was realized early that there would be a serious shortage of medical officers trained in the specialty of neuropsychiatry and, to offset this, the Medical Department instituted intensive courses designed to train medical officers in the special techniques of psychiatry. Upon the completion of their preliminary training, these officers are assigned to duty in large naval hospitals where they work under the guidance of more experienced, qualified psychiatrists.

The role of the Medical Department is a constantly expanding one. Its relationship to the needs of the service is much greater than the providing of care and treatment for the sick and injured. In cooperation with other Bureaus, every effort is being made for the reclamation and rehabilitation of men who have violated naval regulations and, as a consequence, are confined in brigs, detention barracks and naval prisons. A very extensive reconditioning program has as its goal restoring this lost manpower to

#3

full active duty. By close cooperation, the skilled services of the psychiatrist and the penologist are aiding in the return of a great number of minor disciplinary problems to a level of effective functioning.



W. F. KENNEDY  
Captain (MC), USN  
Chief, Neuropsychiatric Branch